Care and Support West

Cost Pressures report 2024/25

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For and on behalf of Care and Support West (www.careandsupportwest.com)

Table of contents

Executive Summary

1. As the local Care Association, Care and Support West recognises the difficulties facing local authorities in terms of the financial pressures they are under. We want to start by acknowledging that.

2. However, alongside that, you know the social care sector also has its own well documented financial problems, and like local authorities, the situation for social care providers, is getting worse. We would like to work together in relation to this.

3. As a Care Association we have made cost pressures representations on behalf of all types of social care provider since 2013/14. Our two most recent reports, Service Costing Considerations (May 2022) … Service costing considerations (squarespace.com) … and our Care and Support West Market Sustainability report (February 2023) … Care+and+Support+West+'Market+Sustainability+Report+-+February+2023.pdf (squarespace.com) are as relevant today as when they were written.

4. We want to work constructively and proactively with all commissioners of social care services to address the issues we collectively face and, in this process, to support them to meet the requirements of CQC's incoming assessment process for local authorities, particularly the elements under Theme 2: Providing Support relating to 'care provision, integration and continuity' and 'partnerships and communities'.

5. These are difficult times. Over the last year, the only glimmer of hope really for social care providers has been the placing of social care workers on the shortage occupations list and so opening the door to overseas workers.

6. Whilst the introduction of sponsored overseas workers is helping, it needs to be recognised that this is happening alongside the continued exit of British and EU workers from the sector.

7. For the majority of providers abiding by the Certificate of Sponsorship rules, there is a sense of despair at the proposed introduction of the government's tightening of conditions for sponsored workers from April 2024.

8. In terms of the 2024/25 annual uplifts, of major concern to social care service providers is the incoming 9.8% rise in the National Minimum / Living Wage from £10.42 to £11.44.

9. This will come on top of a 9.68% increase in the National Minimum / Living Wage in April 2023. That represents an almost a 19.5% increase in the key cost area for providers in just two years!

10. Whilst last year's uplifts were helpful, last year's inflationary costs were extraordinary. Uplifts still fell short of the actual cost pressures that providers faced.

11. In their 'The state of health care and adult social care in England 2022/23' report, CQC state "data from our Market Oversight scheme shows that care home profitability remains at historically low levels".

12. Social Care providers are increasingly on their knees financially and are going to need significant help this time around.

13. We stated in our May 2022 'Service Costing Considerations' report that 'current annual uplift mechanisms are essentially broken', This is because consistently they haven't covered the increase in staffing and non-staffing costs experienced by providers and they don't accommodate additional expectations. We understand your predicament, but we would like to explore this with you as part of a more joined up conversation.

14. Although we believe that when applied the inadequacies of both CPI and RPI as accurate inflationary indices have contributed to the drift between what providers receive in uplifts and how they are actually impacted by inflation, it is also our view that where a single month (often September or October of the year prior to the uplift) is used as the inflationary index to contribute to the annual uplift formula is not a fair and reasonable mechanism.

15. Since April 2023, both CPI and RPI are coming down steadily. Picking one of these latter months as a representative index is clearly flawed.

16. Based on an averaged out CPI figure (April – November 2023) and using the following formula, we calculate the annual uplift for residential services comes out at:

    (70% x NM/LW increase) + 30% (averaged out CPI figure)
    (70 x 9.8) + (30 x 6.75)/100
    = 8.885%.

17. Using the same formula type for domiciliary care services, where the split between staffing and non staffing costs is more typically in the region of 85% : 15%, the formula generates a figure of:

(85% x NM/LW increase) + 15% (averaged out CPI figure)
(85 x 9.8) + (15 x 6.75)/100
= 9.342%.

18. Given the predicament social care providers are in and the cost pressures they face, even this level of uplifts is not going to do anything apart from slow the decline of the sector and the availability of provision.

19. On top of increases in staffing costs and the impact of inflation on quite a specific basket of costs, providers of social care services are also systematically expected to fund additional service requirements out of any profit / surplus they make without any sustained additional funding. Some of these 'extras' include:
    - ❖ a huge focus on and overhaul of governance and quality assurance requirements … leading to sustained additional investment in time, expertise and systems.
    - ❖ Investment in the necessary IT support and equipment and a secure network based systems to become compliant with the Digital Security Protection Toolkit (DSPT).
    - ❖ The growing expectation for providers to make the switch to electronic Care Planning systems. Whilst there have been grants available which are helpful in covering the cost of making the switch, these only cover the first year. After that, these systems represent notable additional expenditure by providers.

20. We continue to hold the view that if something is a 'service requirement', then it needs to be properly funded and included as an identifiable cost line within the price paid for services.

21. There are also some more variable additional costs that affect different providers to different degrees. We highlight the current example of sponsoring overseas workers. This will cost providers more, but not everyone is doing it.

22. Where local authorities are, or have plans within the next financial year to, contractually requiring providers to pay their staff at a level above the National Minimum / Living Wage, for example the Real Living Wage, they will need to demonstrate that they are providing additional funding to enable this, otherwise providers just won't be in a position to make it happen.

23. Costs associated with sponsoring overseas workers include:
    a) The cost of a license to be able to sponsor overseas workers.
    b) The cost of sponsoring each individual worker (which will vary depending on how long you are sponsoring them for).

c) A potentially higher hourly rate than you might be paying your domestic staff. This would be the case if providers were paying their overseas workers the necessary minimum of £10.75 and they were paying their domestic staff less than this.
d) In reality there may well be additional support with accommodation … at least initially and costs associated with helping people to get their UK driving licence, particularly if you need them to be driving work vehicles for you.

24. If providers are not sponsoring overseas workers, then they are not going to have any of the associated costs, but given the current difficulties in recruiting staff, there is a high likelihood that they have become increasingly reliant on using agency staff. So to a significant degree providers are either having to spend out additionally on sponsoring overseas workers or on agency staff … and often on both.

25. Staff recruitment and retention remains the key challenge facing the social care sector. Using information provided by Skills for Care in their 'The state of the adult social care sector and workforce in England (2023)' report, some of the most relevant standout headlines are:
    - Adult social care services (England) have an average staff vacancy rate of 9.9% … approaching three times the national average across all sectors of 3.4%.
    - Domiciliary care services (the central pillar of the government's preferred strategy of supporting people needing care to remain in their own homes) has a staff vacancy rate of 12.5%.
    - When broken down by role, direct care and support staff and Registered Managers all show vacancy rates in excess of the 9.9% sector average.
    - The staff turnover rate for the independent sector is 30.4%
    - The staff turnover rates in residential services are 30.7% and in Domiciliary Care are 28.2%
    - The turnover rate for Registered Managers is 23.2%

26. All these staff turnover rates are significantly above the cross industry average of around 13.8% to 15%.

27. High staff turnover also generates a further 'additional cost'.

28. The number one reason that the social care sector remains unable to recruit and retain the staff it needs is because both the sector and many of the individual roles within it are significantly undervalued and underpaid.

29. In their report 2022/23 report, Unfair to Care state that support workers would need a 41% uplift (equivalent to an additional £8,036 a year) to achieve parity with their NHS counterparts doing work of similar demands and complexity.

30. If there are not greater attempts to ensure that people get paid significantly more for working in social care than they do for working in industries such as retail, hospitality and warehouse / factory work, then social care is not going to attract the workforce it needs unless it becomes increasingly reliant on overseas workers.

31. The turnover and inability to recruit sufficient Registered Managers is also a concern. The feedback that we have received relates to the fact that year on year, managers have just been expected to absorb extra tasks and responsibilities without any additional 'capacity' been costed in.

32. This has arguably been happening since 2000 with the introduction of safeguarding legislation. In addition, managers have had meeting the requirements of the Mental Capacity Act, the increased regulatory demands of CQC from 2009 including dramatically enhanced responsibilities in relation to quality assurance, governance and oversight processes. New responsibilities in relation to GDPR and data security, significantly more time and efforts needed to recruit and retain staff and now the introduction and implementation of electronic care systems … the list of more things to do goes on.

33. Whilst we don't object to any of these initiatives, they need to be accompanied by increased management capacity, otherwise for an increasing number of mangers, it has become too much.

34. We are concerned about the government's forthcoming changes relating to overseas workers, and particularly their intention to stop sponsored overseas workers from bringing over dependents. Our concern is that this is likely to significantly affect the number of overseas sponsors seeking sponsorship to come to the UK to work in social care.

35. Our view is that overseas workers choose to come to the UK to access better work and life opportunities for themselves and their families. If we stop dependent family members (partners and children) coming over, then the choice facing any potential worker becomes much less appealing.

36. You may still appeal to some younger people who don't yet have partners and children, but they may also not yet have had the level of life experience or the skills necessary to become a good carer.

37. We think that as a policy this is not only incredibly short sighted, but also more generally flawed. People coming over with working age dependents means that many of these people will also want to find work.

38. It is pretty much impossible to run a household in the UK solely on a frontline social care worker's wage. Sharing the costs of running a household with two or more people working makes the whole 'enterprise' much more viable.

39. Many of these dependents may (and do) also chose to work in social care. However, there is a labour shortage in the UK more generally, with sectors that were heavily reliant on EU workers, such as agriculture, hospitality, and healthcare, experiencing notable shortages since Brexit. A figure published by Statista (UK worker shortages by sector 2023 | Statista) indicates that 'as of October 2023, approximately 9.7 per cent of businesses in the United Kingdom were experiencing worker shortages'.

40. Part of the problem is that the UK has an ageing population, with a significant proportion of the workforce approaching retirement age. 'As experienced workers exit the labour market, the demand for replacements increases. Industries such as manufacturing, skilled trades, and healthcare struggle to fill the gaps left by retiring employees, leading to persistent shortages'. (Labour shortages in the UK in 2023- Which industries are most affected? (datumrpo.com))

41. In addition post the pandemic '2.6 million people, a record, are economically inactive because of long-term sickness … an increase of 476,000 since early 2020' (Why are so many Britons not working? (economist.com)).

42. Despite the government's proposals to get retired people back to work and to deal with (what they see as) 'work shy idlers' neither older people nor the long-term sick are going to make the required difference. Social care is a demanding and challenging role.

43. Whilst we understand that it is beyond the gift of local authorities and other commissioners to reverse this decision, we would welcome their support to lobby central government in relation to the potentially destructive implications of this change in policy. Overseas workers are our (and their) only choice at the moment. To benefit from their input, we need to make it work for them.

44. We believe there are a number of areas of responsibilities under the Care Act where local authorities are currently falling short. We are not blaming local

authorities for this, we understand that they are trying to do the best they can with what they have.

45. That said, we believe the body of evidence in terms of the inability of providers to recruit and retain the staff they need, providers handing back or not taking on packages because of the cost and the overall increasingly precarious nature of the marketplace, are clear indicators that what local authorities have is not enough to enable them to perform some of their key statutory duties.

46. The areas we want to highlight from the Care and Support Statutory guidance ([Care and support statutory guidance - GOV.UK (www.gov.uk)]) are the following:
    - ❖ Encouraging a workforce which effectively underpins the market through standards, skills, qualifications and apprenticeships". (Care and Support Statutory guidance 4.21)
    - ❖ How to help foster, enhance and appropriately incentivise this vital workforce to underpin effective, high quality services ..." (Care and Support Statutory guidance 4.28)
    - ❖ Having regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment … "This assurance should understand that reasonable fee levels allow for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term". (Care and Support Statutory guidance 4.31)
    - ❖ Not undertaking any actions which may threaten the sustainability of the market as a whole, that is, the pool of providers able to deliver services of an appropriate quality, for example, by setting fee levels below an amount which is not sustainable for providers in the long-term. (Care and Support Statutory guidance 4.35)

47. In their 'The state of health care and adult social care in England 2022/23' report, CQC state that "data from our Market Oversight scheme shows that care home profitability remains at historically low levels".

48. They then go on to say that "local authority budgets have failed to keep pace with rising costs and the increase in the number of people needing care" … along with this they make the point that inadequate levels of funding are 'likely to have an impact on people, both in the quality of care they receive and in providers' ability to re-invest in care homes".

49. As we say, we are not blaming local authorities for these things and we recognise their predicament. However, these failings affect us all and we want to work

proactively work with local authorities and other commissioners to assess the implications and propose worked solutions.

50. Alongside this increasing lack of profitability being experienced by providers, we make the point that profit should not be seen as a dirty word, but instead should be recognised for what it is, which is the life blood of our social care sector. If as a society we want people and organisations to develop services, then under our current economic model, there absolutely needs to be a financial motivation for them to do so.

51. We re-emphasise a number of insights from Service Costing Considerations (May 2022) relating to profitability from a provider’s perspective. These include its importance in developing the social care infrastructure that society needs, the levels required to effectively stimulate the marketplace and the factors that currently serve to compromise already supressed targets.

52. The figures we suggest are open to discussion, but they are designed to shape understanding and discussion around what might actually work.

Introduction

53. As the local Care Association, Care and Support West recognises the difficulties facing local authorities in terms of the financial pressures they are under. We want to start by acknowledging that.

54. We accept the position that "Social care leaders and their teams are struggling to find savings and meet people's needs at least minimally, but they can't perform miracles from already overstretched budgets" and we acknowledge the Local Government Association's call ahead of the Autumn Statement, to provide an additional £900 million to stabilise adult social care. (Further savings mean tough decisions for social care leaders | Local Government Association). That is nowhere near enough. In our Market Sustainability report (February 2023), we suggest that social care needs an additional annual investment in the region of £6.8 billion to resource (and staff it effectively) and stop it from failing.

55. We know local authorities and other commissioners are in a difficult position, but it is also well documented that social care has been under funded for well over a decade, and like local authorities, the situation for social care providers, is getting worse.

56. In their latest report 'The state of health care and adult social care in England 2022/23' CQC start off by saying:

"This year has been a turbulent one for health and social care. In addition to the ongoing problem of 'gridlocked' care highlighted in last year's State of Care, the cost of living crisis is biting harder for the public, staff and providers – and workforce pressures have escalated … Adult social care providers are facing increased running costs, including food and electricity, with some struggling to pay their staff a wage in line with inflation, which affects recruitment and retention".

57. We echo every element of that statement from CQC … and will indeed add to elements of it.

58. As a Care Association we have faithfully made cost pressures representations on behalf of all types of social care provider since 2013/14. All our key reports since 2017 can be found here … Representation — Care & Support West (careandsupportwest.com).

59. We believe that these reports continue to represent a very relevant and useful body of work where both the problems facing the sector and what would be needed to address these effectively, are both laid out clearly and in detail.

60. Our two most recent reports, Service Costing Considerations (May 2022) … Service costing considerations (squarespace.com) … and our Care and Support West Market Sustainability report (February 2023) … Care+and+Support+West+'Market+Sustainability+Report+-+February+2023.pdf (squarespace.com) are as relevant today as when they were written.

61. Over the last year, the only glimmer of hope really for social care providers has been the placing of social care workers on the shortage occupations list and so opening the door to overseas workers. Although this is by no means a straightforward solution as it brings with it notable additional challenges and costs, providers have been rising to the challenge. The indications have been that this initiative is starting to make a difference and turn the tide in relation to the sector's ability to recruit the staff it needs.

62. Whilst we recognise that there have been examples of organisations abusing the system and exploiting overseas workers … and we are keen as yourselves and the government for these practices to be rooted out and stamped out, it also needs to be recognised that the vast majority of providers sponsoring overseas workers have not been abusing the system or their workers.

63. They have abided by what are quite stringent rules with potentially severe penalties if they are found to have breached them. For these providers, there is a sense of despair at the proposed introduction of the government's tightening of conditions for the sponsored workers from April 2024. This is potentially going to compromise what, unless there is major reform to the funding of the sector, is currently the only viable route for developing the workforce we need, both now and into the future.

A call to work more closely with commissioners

64. We want to work constructively and proactively with local authorities and Integrated Care Partnerships to address the issues we collectively face and, in this process, (for local authorities at least), to help them to meet the requirements of CQC's incoming assessment process for local authorities, particularly the following elements under Theme 2: Providing Support. (Assessment framework for local authority assurance - Care Quality Commission (cqc.org.uk))

65. The section on 'Care provision, integration and continuity' includes in its summary the statement 'The local authority understands the care and support needs of

people and communities. There is a good variety of care providers, provision is resilient and there is sufficient capacity to meet demand now and in future'.

66. Our view is that this 'requirement' is currently under significant threat, and we have much to say about what is needed to turn this situation around. We know what is needed in order to run social care services effectively and to create the circumstances needed for it to be able to respond to increases and changes in demand.

67. The section on 'Partnerships and communities' includes the quality statement 'We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement'.

68. We are all in a predicament and the social care sector which society relies on is the worse for it. We are well placed to work with commissioners to highlight both the issues and formulate viable solutions.

69. We see benefits for a co-production model of collaborative working. That is what is being championed as best practice and we believe there is good reason for that. Those closest to (and most impacted by) the delivery of a service should be involved as valued and equal partners as they are best placed to understand what is necessary in the shaping of that service.

Focuses of this report

70. What we firstly want to focus on for the remainder of this report is our key cost pressure concerns come 1st April 2024. We then want to summarise (and where necessary update) key aspects of previous representations so that we are clear about our position in terms of what we think and why we think it.

71. As we highlighted in our Market Sustainability report (February 2023) page 75, "If we were to lose social care, it is not going to just bounce back. If it were to fail (and currently it 'is' failing), it will have implications for our society not only in terms of increasingly failing the vulnerable, but also in terms of unemployment levels and the reduction of tax revenues, to an extent to which we haven't begun to start realising".

72. In order for social care to survive, our view is that it is important that providers and their representatives and commissioners work more closely and cooperatively to challenge and evidence the corrosive impact of the predicament into which we are all being placed.

Key Cost Pressure concerns come 1st April 2024

The 9.8% increase in the National Minimum / Living Wage

73. Of major concern to providers of social care services is the incoming 9.8% rise in the National Minimum / Living Wage from £10.42 to £11.44.

74. Not all providers pay their staff the National Living / Minimum Wage but many do and the number of providers left with no choice but to do so, increases the more the National Living / Minimum Wage goes up. When we surveyed providers for our February 2023 Market Sustainability report (page 47), only around 5% said they were paying their staff more than £11.44 an hour and 93% of respondents indicated that they were paying significantly less than this.

75. This increase comes directly on the back of the 9.68% increase in the National Minimum / Living Wage in April 2023. Whilst many local authorities did what they could to provide 2023/24 uplifts approaching this, any shortfall at all left providers picking up the remaining proportion of an ongoing key cost … and that was against a backdrop of historically high cost of living increases.

76. Add in the £9.8% increase in the National Minimum / Living Wage in April 2024 that provides are now facing, and that will be almost a 19.5% increase in the sector's key cost in just two years!

77. Providers are increasingly on their knees financially. In their 'The state of health care and adult social care in England 2022/23' report, CQC state "data from our Market Oversight scheme shows that care home profitability remains at historically low levels".

78. Social Care providers are going to need significant help with this one.

Inflationary pressures

79. Whilst the rate of inflation is coming down, it is still high. CPI is averaging out at 6.75% from April to November 2023, and RPI (which always used to be the index that was used) at 8.975%.

80. From April 2020 (so around the start of the pandemic), until March 2023, the combined rate of inflation as measured by CPI comes to 14.60% and by RPI comes to 19.81%.

	Increase in NM/LW	Increase in CPI	Increase in RPI
2020/21	6.2%	0.58%	1.2%
2021/22	2.18%	3.98%	5.77%
2022/23	6.6%	10.04%	12.84%
2023/24	9.68%	6.75%	8.975%
2024/25	9.8%		
Total	34.46%	21.35%	28.79%

* Part year figures April to November 2023.

81. Providers have received their annual uplifts from commissioners for this period of time and if the combination given falls below the combined CPI or RPI figures then that is an indication that providers are already having to make up a shortfall … i.e. out of their own pocket.

82. If you then average out and add the part year inflationary figures for 2023/24 (April – November 2023), this brings the cumulative CPI figure to 21.35% and RPI figure to 28.79%.

83. We note (as previously highlighted) that CQC state they have data indicating that 'care home profitability remains at historically low levels'.

84. Our representation is that providers are already being required to make up shortfalls year on year that are contributing to this. They desperately need an annual uplift come April 2024 that recognises this and at the very least stabilises the situation rather than continue to contribute to their demise.

Issues with inflationary indices

85. We stated in our May 2022 'Service Costing Considerations' report (page 3) that 'current annual uplift mechanisms are essentially broken'.

86. If when applied the annual uplift mechanism doesn't properly cover the increase in staffing and non-staffing costs experienced by providers (and accommodate additional expectations), then (by definition) it is not fit for purpose.

87. The move from RPI to CPI was brought in in April 2011 by the then coalition government, effectively as a cost cutting exercise, as because CPI generally increases more slowly than RPI, using it as index to calculate increases to public sector pensions and welfare benefits means that the government has to pay out less.

[Public service pension increases - House of Commons Library (parliament.uk)]

88. If you compare the CPI and RPI figures from April 2011, CPI totals 39.72% and RPI 54.05% … so a difference of 14.33%.

89. We have always argued that inflationary indices are conservative by design (better for governments that inflation is under reported rather than over reported) and that none of them (not even RPI which is generally the higher measure) reflect inflation as you and I … and social care providers experience it in reality.

90. It is also our view that just picking a single month (often September or October of the year prior to the uplift) to use as the inflationary index to contribute to the annual uplift formula is not a fair and reasonable mechanism.

91. Since April 2023, both CPI and RPI are coming down steadily. Picking one of the latter months as a representative index is clearly flawed.

	Apr ‘23	May ‘23	Jun ‘23	Jul ‘23	Aug ‘23	Sep ‘23	Oct ‘23	Nov ‘23
CPI	8.7%	8.7%	7.9%	6.8%	6.7%	6.7%	4.6%	3.9%
RPI	11.4%	11.3%	10.7%	9.0%	9.1%	8.9%	6.1%	5.3%

92. In terms of these indices, you could get a more representative figure by averaging out the CPI or RPI figures between April and the following December or January … depending on when local authority budgets are verified by councillors.

93. Although not perfect, this would be the fairest and most accurate way to generate a figure that at least attempt to capture the overall impact of inflation as measured by these indices.

Establishing a more accurately representative measure.

94. Whilst it is easy to point out the inadequacies of the annual uplift mechanism, something does need to be used. The challenge then is to explore what might represent a fairer and fuller mechanism to replace it.

95. Whilst no mechanism will be perfect for all providers as individual circumstances will vary, we have highlighted in previous reports what we feel a more representative basket of indicators for social care providers would be. This would be made up of changes in costs to:
    - Staffing
    - Mortgage and property financing costs
    - Food and household provisions
    - Water and sewage

- Light and heat
- Telephone and internet
- Fuel (Transport)
- Insurances
- Repairs and maintenance
- Office and central support service overheads
- Regulation and compliance … including additional expectations
- Professional fees.

Applying (versions of) the current annual uplift formulae

96. Whilst we have significant misgivings about the current annual uplift mechanism for the reasons, stated, plugging in the figures to the type of formula that is currently used, generates the following uplifts:

For residential based services … using CPI

97. Using the formula (70% x NM/LW increase) + 30% (averaged out) CPI figure … where approximately 70% of expenditure relates to staff costs:

(70 x 9.8) + (30 x 6.75)/100
= 8.885%.

For domiciliary care based services … using CPI

98. Using the formula (85% x NM/LW increase) + 15% (averaged out) CPI figure … where closer to 85% of expenditure relates to staff costs:

(85 x 9.8) + (15 x 6.75)/100
= 9.342%.

99. For contrast, the respective figures using the averaged our RPI figure would be:

Residential based services … using RPI

(70 x 9.8) + (30 x 8.975)/100
= 9.55%.

Domiciliary care services … using RPI

(85 x 9.8) + (15 x 8.975)/100
= 9.67%.

Additional costs (experienced by all providers)

100. On top of increases in staffing costs and the impact of inflation on quite a specific basket of costs, providers of social care services are systematically expected to fund additional service requirements out of any profit / surplus they make without any sustained additional funding.

101. There are always extras that become expectations. These vary from year to year and affect providers differently, but they are all essentially ‘requirements’.

102. There has been a huge focus on and overhaul of governance and quality assurance requirements in recent times. Whilst we are fully supportive of this, the expectations have increased dramatically and require a sustained additional investment in time, expertise and systems.

103. In more recent times there has been the need to become compliant with the Digital Security Protection Toolkit (DSPT). This is something that all providers will need to do and it will often require investment in IT support and equipment and a secure network based system. Some providers may have had these things in place for a number of years, but others, particularly small and medium sized providers, may well not.

104. There is a lot of work being done to get providers compliant with these requirements … and an element of this requires additional (and ongoing) investment.

105. There is now a growing expectation for providers to make the switch to electronic Care Planning systems. Again, different providers are at different stages with this. There have been grants available which are helpful in covering the cost of making the switch, but they only cover the first year. After that, these systems represent notable additional expenditure by providers.

106. These are just some examples of where providers are expected to make improvements to their services without sustained additional funding.

107. We express the view in our Market Sustainability report (February 2023) page 11, that if something is a ‘service requirement’, then it needs to be properly funded and included as an identifiable cost line within the price paid for services.

Additional costs (that affect some providers)

108. Some additional costs are more variable and affect different providers to different degrees. Sometimes a lot … sometimes not at all. A very relevant current example of this is the sponsorship of overseas workers. The sponsoring of overseas workers costs more … but not everyone is doing it.

109. Where local authorities are, or have plans within the next financial year to, contractually requiring providers to pay their staff at a level above the National Minimum / Living Wage, for example the Real Living Wage, they will need to demonstrate that they are providing additional funding to enable this, otherwise providers just won't be in a position to make it happen.

110. The Real Living Wage for 2023/24 (announced in October 2023) is £12.00 an hour … with providers being required to sign up to this being given until 1st May 2024 to implement it … What is it? | Living Wage Foundation.

111. For this to be able to happen, providers who are being contractually required to pay the Real Living Wage will need as a minimum an interim payment from £10.90 to £11.44 for April 2024 and then the additional funding for them to pay the new Real Living Wage of £12.00 an hour from 1st May 2024.

112. There is the cost of the license to be able to sponsor overseas workers. There is the cost of sponsoring each individual worker (which will vary depending on how long you are sponsoring them for). There is potentially a higher hourly rate that they need to be paid. This is currently £10.75 compared to the current National Minimum / Living Wage of £10.42 an hour.

113. There are also potentially costs of supporting people with accommodation … at least initially. There might also be costs associated with helping people to get their UK driving licence, particularly if you need them to be driving work vehicles for you.

114. If providers are not sponsoring overseas workers, then they are not going to have any of these associated costs, but given the current difficulties in recruiting staff, there is a high likelihood that they are reliant on using agency staff. The greater reliance on agency staff is well documented (Chart of the week: The increased use of agency staff in older adult care homes | Nuffield Trust)

115. In our Market Sustainability report (February 2023) page 6 we found that "68% of respondents indicated that they were regularly using agency staff … Providers are becoming increasingly reliant on agency staff and this impacts on the continuity of care they can provide and has a huge impact financially. For many

providers, agency use is now a day-to-day occurrence … and the price of agency staff has been going up. This is not a sustainable situation”.

116. Whatever their strategy for dealing with the recruitment crisis that they face, there are likely to be extra costs for significant numbers of providers which fall both outside increases in the National Minimum / Living Wage and increases measured by inflationary indices.

Our position in relation to a range of key issues currently impacting on the ability of social care providers to deliver the services society needs

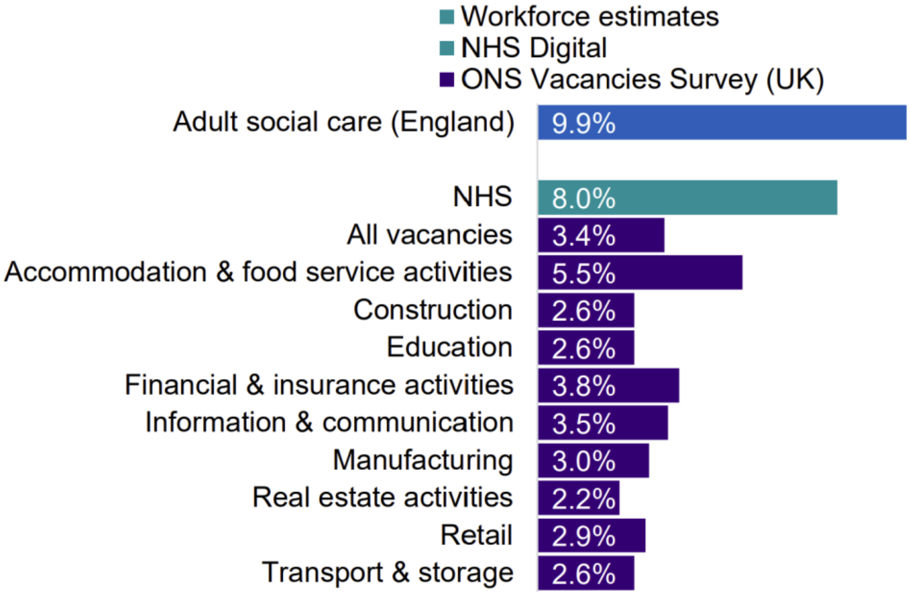
Staffing … recruitment and retention

117. The research we did to underpin our February 2023 Market Sustainability report indicates that pretty much every social care provider is struggling to staff their services. This is consistent with more recent data provided by Skills for Care in their ‘The state of the adult social care sector and workforce in England (2023)’ report.

118. Their following chart shows a 9.9% staff vacancy rate in adult social care services (England). Higher than the NHS, higher than all the other listed sectors and the (3.4%) national sector average.

Chart 16. Estimated vacancy rate by sector, 2022/23

Source: Skills for Care estimates, NHS Digital, ONS Vacancies Survey

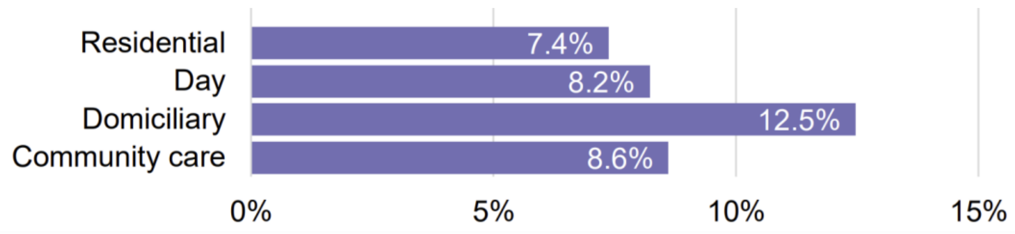


119. When broken down by service type, domiciliary care services (the central pillar of the government’s preferred strategy of supporting people needing care to

remain in their own homes) shows a staff vacancy rate of 12.5% which is well above the sector average. You can't implement a key strategy, if you don't have the staff to do it.

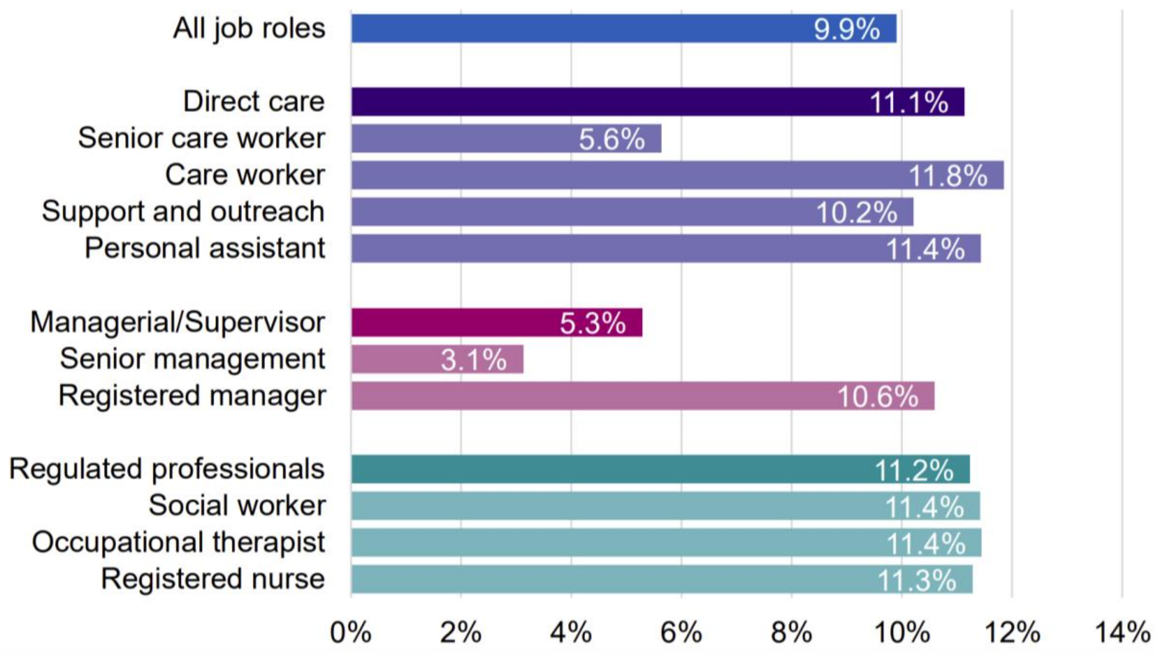
120. The average vacancy rate across all types of adult social care services is almost three times the national staff vacancy rate across all sectors.

Chart 18: Estimated vacancy rate by sector and service provided, 2022/23
Source: Skills for Care estimates



121. When it comes to roles, direct care and support staff and Registered Managers are all showing vacancy rates in excess of the 9.9% sector average.

Chart 17: Estimated vacancy rate by selected job role, 2022/23
Source: Skills for Care estimates



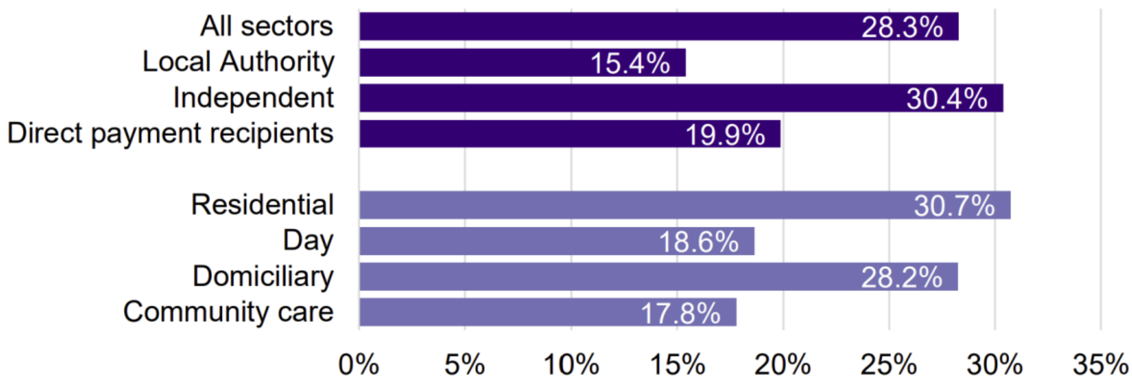
122. The sector does not have the staff it needs in key positions. This is the case to a far greater extent than other 'industries', and many of those also have staff recruitment problems.

123. Staff turnover rates, another key measure of the 'health' of a business or sector, are also identified by Skills for Care in their 2023 report.

124. Estimates for an average staff turnover rate across all sectors in the UK in 2023 vary slightly from 13.8% by ExpertHR (2023 Labour Turnover Rates - Cendex) and approximately 15% by Monster (What is the ideal employee turnover rate? | Monster.co.uk)

125. As is clear from the following charts, staff turnover rates in independent sector social care services are well in excess of these.

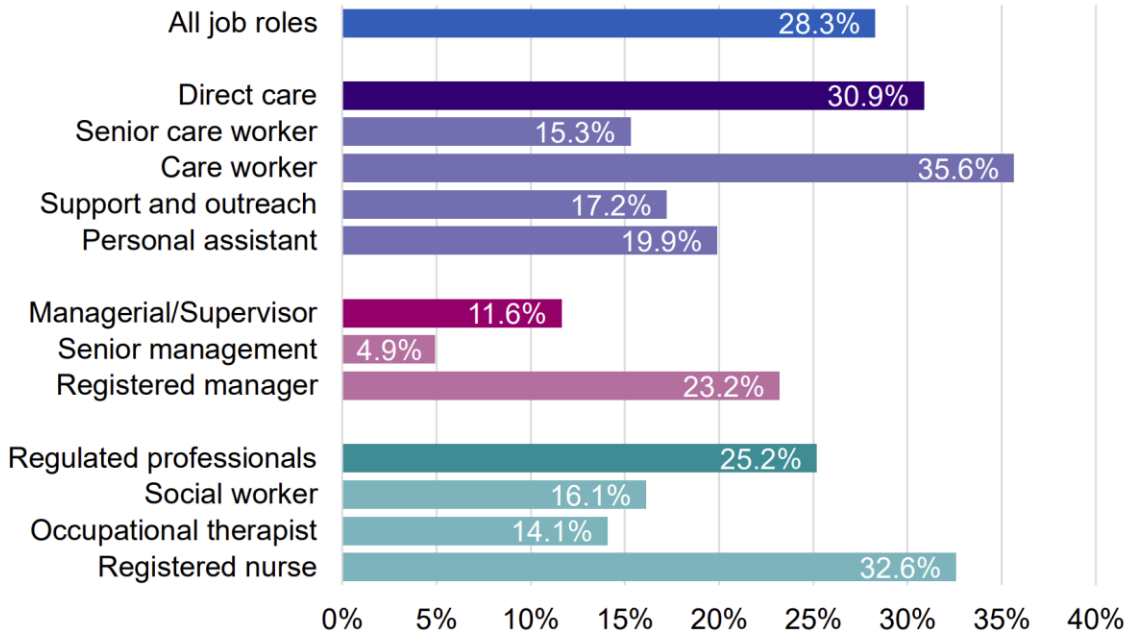
Chart 28. Estimated staff turnover rate, by sector and care service, 2022/23
Source: Skills for Care estimates



126. The turnover rate for independent sector providers is cited at 30.4% which is more than double the national average. The staff turnover rates in both residential and domiciliary care services should be noted at 30.7% and 28.2% respectively.

127. The breakdown in turnover rate by job role is also worthy of note with front line care staff and registered nurses showing rates in excess of the average for the sector and the turnover rate for the key role of Registered Manger being shown as 23.2%.

Chart 29. Estimated staff turnover rates by selected job roles, 2022/23
Source: Skills for Care estimates



128. Whilst Skills for Care do point out that many leavers move to another position within social care (as 59% of recruitment comes from within the sector), high levels of staff turnover is disruptive and expensive … and generates yet another 'additional cost'.

Why such problems recruiting and retaining staff?

129. There are a number of contributory factors to why social care is unable to recruit and retain the staff it needs. The media certainly don't help and the unrepresentative public perception they generate by focusing on bad news stories.

130. There is also something about how we as a society don't place value on caring for others in the way that some other cultures and societies do. These factors combined with the fact that much of social care is paid for out of the public purse means that there has been an unwillingness to recognise what job roles in social care are actually worth.

131. Social Care work can be complex and demanding and it is not being recognised as such. Far from it being 'unskilled work', to do it well, staff actually need to be highly skilled.

132. In our February 2023 Market Sustainability report, respondents to our questionnaire describe front line care (and support) work as 'challenging, complex and demanding'. Examples they gave included:

- ❖ Dealing with complex health needs.
- ❖ Monitoring changes of health … recognising and responding to any slight decline.
- ❖ Supporting people to access healthcare appointments and attending these appointments with them … advocating on their behalf.
- ❖ Administering medication including controlled drugs.
- ❖ Dealing with life and death on a daily basis … verifying death over the phone with GPs.
- ❖ Providing social and emotional support and physical and mental stimulation to some of society's most vulnerable.
- ❖ Supporting people with autism or advanced dementia and / or with challenging behaviour.
- ❖ Keeping people safe and well while also encouraging them to take risks and to live a full life.
- ❖ Operating without the support of GPs, District Nurses and paramedics … having to make clinical decisions without access to medical advice … Having to assess and apply dressings.
- ❖ Operating hoists and other equipment.
- ❖ Supporting people with intimate personal care.
- ❖ Assisting people with eating and drinking.
- ❖ Keeping a whole range of clear, accurate and up to date records.

133. In their 2022/23 report, Unfair to Care cite the findings of a Korn Ferry study on the physical, environmental and emotional demands of a support workers role. What they found was that 'far from being low-skilled, the role was found to have exceeded the skills needed in roles such as a senior teaching assistant, police community support officer and an NHS healthcare assistant'.

134. CQC recently picked up on the demands placed on social care workers, stating in their 'The state of health care and adult social care in England 2022/23' (page 9), that "Staff regularly fed back to us of being overworked, exhausted and stressed – sometimes to the point of becoming ill, injured or leaving their job altogether. They say this can affect their ability to provide safe and effective care to people".

135. In their report 2022/23 report, Unfair to Care state that support workers would need a 41% uplift (equivalent to an additional £8,036 a year) to achieve parity with their NHS counterparts doing work of similar demands and complexity.

136. Our view is that firstly to recruit and retain the staff the sector needs, services need to be funded at a level that reflects the demands and complexity of the role, otherwise people who might consider working in the sector and have the

necessary aptitude to do so, are going to opt for less demanding roles that pay them more.

137. We note that ADASS recommended the introduction of a specific Adult Social Care Living Wage in their submission to the Budget and Comprehensive Spending Review September 2021. (adass-sr-2021_final-submission-30_9_21_.pdf)

138. If there are not greater attempts to ensure that people get paid significantly more for working in social care than they do for working in industries such as retail, hospitality and warehouse / factory work, then social care is not going to attract the workforce it needs unless it becomes increasingly reliant on overseas workers.

139. We believe that this is the key issue, plain and simple. Whilst we recognise the value of career pathways, flexible working, positive workplace cultures and benefit schemes, none of these are going to turn the tide unless the issue of paying social care staff notably more than they can earn in other industries is properly addressed.

Turnover of Registered Managers

140. The turnover rate for Registered Managers is part of our concern. When trying to highlight the reasons for this, we said the following in our Market Sustainability report (February 2023) page 7 …

"Managers are not only working excessive hours, but they are also increasingly having to deliver direct care and support themselves. This 'dedication' leaves them feeling pressurised, stressed, and burnt out. They are struggling to find the time needed to ensure that regulatory requirements are being effectively met, to secure new business and recruit new staff. They are trapped in a vicious circle.

They are leaving the sector and others are increasingly reluctant to take on the 'poisoned chalice' that is their role. Again, this situation is just not sustainable".

141. Our view is that, just as providers have been expected to absorb extra costs year on year, managers have been expected to absorb extra tasks and responsibilities. This has arguably been happening since 2000 with the introduction of safeguarding legislation.

142. In addition, managers have been needing to meet the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, they have had to absorb the increased regulatory demands introduced by the advent of CQC including dramatically enhanced responsibilities in relation to quality assurance,

governance and oversight processes. They have had new responsibilities in relation to GDPR and data security placed upon them. They have had to spend significantly more time and effort recruiting and retaining staff and now they have the introduction and implementation of electronic care systems to deal with.

143. The list of more and more things to do goes on and on and whilst we agree that they all initiatives designed to improve services. The issue however is that no additional management capacity is factored in to accommodate these additional tasks to the extent that there is now a significant disparity between what needs to be done and the time available to do it. For many, it just becomes too much.

144. It is ironic that whilst there is an increasing focus on staff wellbeing, this is accompanied by a failure to acknowledge and address the factors and pressures that lead to them becoming unwell.

Overseas workers

145. Although the staff recruitment and retention situation remains difficult, there have been some early indications that the introduction of a sponsorship scheme for overseas workers is starting to make a difference.

146. In their 'The state of the adult social care sector and workforce in England (2023)' report (page 12), Skills for Care make the following points:

'Following the addition of care workers to the Shortage Occupation List in February 2022 and the introduction of the Health and Care worker visa route, an estimated 70,000 people arrived in the UK between March 2022 and March 2023 to start direct care roles in the independent sector. NB. Some of these also arrived to work in the UK via other routes but the introduction of the Health and Care worker visa, provided this opportunity for the majority of these workers'.

'This represents a substantial increase in international recruitment on previous years (20,000 in 2021/22 and 10,000 in 2020/21) and it coincides with 20,000 more posts being filled'.

However, 'The number of international recruits during 2022/23 (70,000) was higher than the increase in the number of filled posts over the period (largely due to:

- ❖ decreases in the number of British workers (-30,000) in the workforce.
- ❖ decreases in workers with an EU nationality (- 5,000) in the workforce.
- ❖ not all international recruits joining during 2022/23 still being in post at the end of the period'.

147. Whilst the introduction of sponsored overseas workers is helping, it needs to be recognised that this is happening alongside the continued exit of British and EU workers from the sector. We are becoming increasingly dependent upon them.

148. CQC also make reference to the role of overseas workers in their 'The state of health care and adult social care in England 2022/23' report (page 9) when they say …

'over half of the respondents to our survey of adult social care providers in England said they were having challenges recruiting new staff, and 31% said they were having challenges in retaining them … despite this, there has been a steady decrease in staff vacancy rates for care homes, from 11% in January to March 2022 to 7% in April to June 2023…. Providers of adult social care services have told us that recruiting staff from overseas has enhanced the diversity and skills of their team and helped resolve staffing issues'.

149. Whilst the social care sector is very grateful to overseas workers, many of whom have the caring characteristics we so desperately need, the reality is that providers do not recruit from overseas through choice. They recruit staff from overseas because, with the current levels of reward and recognition, there are not enough people coming forward to work in social care from the domestic population.

Concerns re. the government's forthcoming changes relating to overseas workers

150. We have a real concern that the government's intention to stop sponsored overseas social care workers from bringing over dependents is likely to significantly affect the number choosing to come to the UK to work in the sector.

151. Our concern is that these desperately needed workers are getting caught up in the government's 'reduce net immigration' obsession. There are many people, and we are among them, that believe that controlled and targeted immigration is vital to the country.

152. Overseas workers choose to come to the UK to access better work and life opportunities for themselves and their families. If we stop dependent family members (partners and children) coming over, then the choice facing any potential worker becomes much less appealing. You may still appeal to some younger people who don't yet have partners and children, but they may also not yet have had the level of life experience or the skills necessary to become a good carer.

153. Aside from the questionable morality of implementing a policy that would split families, a lot of people who would have considered coming, will no longer do so, if this crucial restriction is implemented.

154. We also think that as a policy it is both short sighted and flawed. This is about political optics rather than meeting the countries needs.

155. People coming over with working age dependents means that many of these people will also want (and need) to find work. It is pretty much impossible to run a household just on a frontline social care worker's wage. Sharing the costs of running a household with two or more people working makes the whole 'enterprise' much more viable.

156. Many of these dependents may (and do) also chose to work in social care, however, there is a labour shortage in the UK more generally, with sectors that were heavily reliant on EU workers, such as agriculture, hospitality, and healthcare, experiencing notable shortages since Brexit.

157. A figure published by Statista (UK worker shortages by sector 2023 | Statista) indicates that 'as of October 2023, approximately 9.7 per cent of businesses in the United Kingdom were experiencing worker shortages'.

158. Part of the problem is that the UK has an ageing population, with a significant proportion of the workforce approaching retirement age. 'As experienced workers exit the labour market, the demand for replacements increases. Industries such as manufacturing, skilled trades, and healthcare struggle to fill the gaps left by retiring employees, leading to persistent shortages'. (Labour shortages in the UK in 2023- Which industries are most affected? (datumrpo.com))

159. In addition post the pandemic '2.6 million people, a record, are economically inactive because of long-term sickness … an increase of 476,000 since early 2020' (Why are so many Britons not working? (economist.com)).

160. Despite the government's proposals to get the retired back to work and to deal with 'work shy idlers' neither older people nor the long-term sick are going to turn our economic situation around. As previously highlighted, social care is a demanding and challenging role.

161. We understand that it is beyond the gift of local authorities and other commissioners to reverse this decision, but we do want them to be aware of the increasing reliance the current circumstances are placing on the sector for

overseas workers and the implications of this change in policy on the potential supply.

162. Local Authorities are potentially better placed to speak with one voice to central government and it would be useful for us all if they added their voice to challenge this development.

Local Authorities responsibilities under the Care Act

163. There are a number of responsibilities under the Care Act where we believe that local authorities are currently falling short. We are not blaming local authorities for this, we understand that they are trying to do the best they can with what they have.

164. That said, we believe the body of evidence in terms of the inability of providers to recruit and retain the staff they need, the handing back of or not taking on packages because of the cost and the overall increasingly precarious nature of the marketplace, are clear indicators that what local authorities have is not enough to enable them to perform some of their key statutory duties.

165. The areas we would highlight from the Care and Support Statutory guidance (Care and support statutory guidance - GOV.UK (www.gov.uk)) are:

Market shaping and commissioning of adult care and support
"Local authorities must facilitate markets that offer a diverse range of high-quality and appropriate services. In doing so, they must have regard to ensuring the continuous improvement of those services and encouraging a workforce which effectively underpins the market through:

- Standards
- Skills
- Qualifications and apprenticeships". (4.21)

"People working in the care sector play a central role in providing high quality services. Local authorities must consider how to help foster, enhance and appropriately incentivise this vital workforce to underpin effective, high quality services ..." (4.28)

Our view is that there is irrefutable evidence that currently the (vital) workforce is not being fostered, enhanced and appropriately incentivised … in fact, not even close.

"Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment … "This assurance should understand that reasonable fee levels allow for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term". (4.31)

Supporting sustainability
"Local authorities must not undertake any actions which may threaten the sustainability of the market as a whole, that is, the pool of providers able to deliver services of an appropriate quality, for example, by setting fee levels below an amount which is not sustainable for providers in the long-term". (4.35)

Again, referencing CQC's comment in their 'The state of health care and adult social care in England 2022/23' report, that "data from our Market Oversight scheme shows that care home profitability remains at historically low levels", social care providers are in an increasingly precarious position financially.

Profitability

166. We have previously shared our views in relation to profitability in our Service Costing Considerations (May 2022) … Service costing considerations (squarespace.com) pages 22 -24.

167. In their 'The state of health care and adult social care in England 2022/23' report, CQC make the point that "local authority budgets have failed to keep pace with rising costs and the increase in the number of people needing care" … along with this they make the point that inadequate levels of funding are 'likely to have an impact on people, both in the quality of care they receive and in providers' ability to re-invest in care homes'.

168. In our Service Costing Considerations (May 2022) report, we made the following points:

169. "Profit is not a dirty word. It is actually the life blood of our social care sector and that needs to be more fully appreciated than it currently is. If as a society we want people and organisations to develop services, then there absolutely needs to be a financial motivation for them to do so.

170. Broadly, the key factors driving profit margins are:
   a) The level of investment needed. The higher the investment, the greater the expected return.
   b) The amount of time and effort that people need to put in. The more demanding it is, the greater the reward people will expect for their endeavours.

c) The level of risk associated with developing and maintaining the service. The riskier the venture, the higher the level of return that would be expected.

171. If people can't make a reasonable return on their investment, then they are going to choose not to invest, or they will invest in other sectors or commodities. There needs to be a positive investment climate if we want the sector to develop.

172. For any company, it is not the percentage level of profit that they aspire to (which is what they build into their costings) that is important, it is the percentage level that they actually achieve that is the critical figure.

173. In relation to maintaining profitability, the annual uplift system is not working. Year on year providers are just being expected to absorb more and more costs, making the position of many of them increasingly untenable.

174. Other sectors meet increased costs and maintain their profitability by raising their prices as and when they need to. In social care, this is only possible when the client is self-funded … and the fact that it is not possible for local authority funded clients means that private clients experience even further hikes to their rates to subsidise the increasing local authority shortfall.

175. Private companies are subject to Corporation Tax. From April 2023, companies with profits of under £50K pay Corporation Tax at a rate of 19%. If they make a profit of over £250K they pay Corporation Tax at a rate of 25%. (Corporation Tax rates and allowances - GOV.UK (www.gov.uk))

176. "It is equally critical that Charitable Trusts consistently make a surplus. They won't pay corporation tax or need to pay dividends, so they could achieve a lower percentage profit to get to the same place. If out of their surplus, they are able to build reserves equating to three months operating expenditure (which is no mean feat in the current climate), their constitutions may require them to reinvest their surplus in the further development and continuous development of the organisation".

177. For the market to be adequately incentivised, a reasonable rate of 'achieved return' on both financial (including capital) and 'time and effort' investment would be in the region of 10%. That would be after tax … so you are then looking at the need to achieve a higher gross profit margin … say 12% to 13% depending on how much corporation tax is needing to be paid.

178. If the focus of the company / organisation is to provide higher quality services … or services for more complex individuals … or ventures with more inherent risk (or where the provider carries all the risk), then they would / should be looking to achieve a higher level of return … maybe 15% … or 17% to 18% before tax.

179. Then it is about whether the profit margin is seen as a black hole. If it isn't and there is a commitment that providers can put their prices up or annual uplifts each year will reflect the actual increase in costs that providers experience, then these figures are probably about right.

180. If however the current culture continues where annual uplifts are inadequate then there needs to be a built in buffer. The extent of this will vary depending on the particular circumstance each year … and so is difficult to predict precisely, but you are probably looking at an additional built in 'buffer' of around 2% to 3.5%.

181. So in the current climate, without adequate annual uplifts and the expectations for providers to just absorb costs, we would estimate that in order to maintain a healthy social care market place and ensure the necessary climate for investment, private providers should look to include profit margins in the region of 14% to 16.5% for good quality reasonable provision and in the region of 19% to 21.5% for higher quality provision, for more complex provision and / or where the provider is taken significant business risk.

182. These are just 'guide figures' but for the reasons stated, these are the types of figures that conversations need to be based around".

Conclusions and reflections

183. Whilst we absolutely acknowledge the financial difficulties faced by local authorities it has to be recognised that these are part of a wider malaise which also leaves social care sector dramatically impacted and the sector on its knees.

184. The situation for providers is increasingly desperate and in terms of the 2024/25 annual uplift, services will need as much as local authorities and other commissioners can give them. However, even if providers receive uplifts in line with those generated by the current uplift formulae, this won't resolve the growing crisis facing the sector and the growing gulf between the level of available provision and society's needs.

185. Realistically all providers have been able to hope for over the last decade or more, is uplifts that are sufficient to patch over the situation for the next year. This has become more and more difficult in recent times with providers facing both

record increases to the National Minimum / Living Wage and historically high levels of inflation.

186. We are absolutely of the view that as a sector, social care needs significantly more investment and unless, as part of that, providers are funded at a level where they are able to pay their staff significantly more than they would get for working in industries such as retail, hospitality and warehouse / factory work, then social care is not going to attract the workforce it needs from the domestic population and will need to become increasingly reliant on overseas workers.

187. If the government's intention to stop these sponsored overseas workers from bringing over dependents does, as we suspect it will, significantly compromise the number and the level of relevant experience of overseas workers choosing to come to the UK to work in social care, then we will have run out of viable options for adequately staffing the sector.

188. All of this is happening at a time when our population is aging, people are living longer with more complex health conditions, and going forward society will need significantly more social care provision … not less.

189. We recognise that local authorities don't have the resources that they need and as such are actually in the same boat as social care providers. Rather than being in conflict with local authorities and other commissioners, fighting for resources that you don't have, we would rather join with them in highlighting the inadequacies of the situation we are both being placed in.

190. The statement "the true measure of any society can be found in how it treats its most vulnerable members" is attributed to Mahatma Ghandi. From our perspective this provides both a timely sentiment and a useful barometer … and we would appreciate working with local authorities to point out to central government the fragile predicament we are all being placed in and the implications going forward if they continue to avoid taking the decisive action that is needed.

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